PTO/SB/22 (07-06)
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	aperwork Reduction Act of the no person are requi										
PETITION	FOR EXTENSION OF TIME UNDER	Docket Number (Optional)									
	FY 2005	42339-193224									
	uant to the Consolidated Appropriations Ac										
Application	Number 10/781,692-Con	f. #3689	Filed	February 20, 2004							
For METHOD FOR REDUCTION OF CACHE ALIASING CONFLICTS IN RING BUFFERS											
Art Unit	2188		Examiner	M. B. Mcfadden							
identified ap	quest under the provisions of 37 CFR 1 oplication.										
,		<u>Fee</u>	Small Entity F								
x	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00							
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$							
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$							
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$							
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$							
	icant claims small entity status. See 37	7 CFR 1 27									
A ch	eck in the amount of the fee is enclose	d.									
Payı	ment by credit card. Form PTO-2038 is	attached.									
The Director has already been authorized to charge fees in this application to a Deposit Account.											
X The	Director is hereby authorized to charge	any fees which may	be required, or cr	edit any overpayment, to							
	osit Account Number 22-0261	I have encl	osed a duplicate o	copy of this sheet.							
I am the	applicant/inventor.										
1 0111 1110	принашения в на	stine internet Cop 27	CED 2 71								
	assignee of record of the er Statement under 37 CF	ntire interest. See 37 R 3.73(b) is enclosed	. (Form PTO/SB/	96).							
	x attorney or agent of record.		•	.							
	attorney or agent under 37	CFR 1.34.									
	Registration number if acting			•							
	[\][][][][][][][][][][][][][][][][][][]		September 8, 2006								
	Signature		Date								
/	Jeffri A. Kaminski		(202) 344-4000								
	Typed or printed name		phone Number								
NOTE: Sig	natures of all the inventors or assignees of record of t gnature is required, see below.	he entire interest or their repr	esentative(s) are require	d. Submit multiple forms if more							
	otal of 1 forms are sub	mitted									
<u> </u>	nai oi ioilis are suo										

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PTO/SB/17 (07-06)

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Effective on 12/08/2004.

Complete if Known

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Effective	on 12/08/20	04.	Complete ii Kilowii									
Fees pursuant to the Consolidate	Application Number 10/781,692-Conf. #3689											
FEE TRA	Filing Date February 20, 2											
For	First Named Inv	011101	Alex A. Lopez-Estrada									
	Examiner Name M. B. Mcfadden											
Applicant claims small			Art Unit 2188									
TOTAL AMOUNT OF PAY	MENT	(\$) 120.00	Attorney Docket No. 42339-193224									
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION	· · · ·											
1. BASIC FILING, SEARCH	, AND EX	AMINATION FEES										
		ING FEES SE	ARCH FEES	EXAMINA	ATION FEES							
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)					
Utility	300	150 500	250	200	100							
Design	200	100 100	50	130	65							
Plant	200	100 300	150	160	80							
Reissue	300	150 500	250	600	300							
Provisional	200	100 0	0	0	0							
2. EXCESS CLAIM FEES							Small Entity					
Fee Description						Fee (\$)	Fee (\$)					
Each claim over 20 (includi	ing Reissu	es)				50	25					
Each independent claim over	er 3 (inclu	ding Reissues)				200	100					
Multiple dependent claims						360	180					
Total Claims Extra	Claims	Fee (\$) Fee	Paid (\$)	<u>Mul</u>	tiple Depende							
20 47 =				<u>Fee</u>	<u>(\$)</u> <u>[</u>	ee Paid (\$	1					
HP = highest number of total clai							_					
	Claims	Fee (\$) Fee	Paid (\$)									
5 -9=	X dost elsime n	noid for if greater than 3										
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
Total Sheets Ex	xtra Sheets	Number of each a	additional 50 or frac	ction thereof	Fee (\$)	Fee F	Paid (\$)					
		/50	(round up to a who	ole number) x		·						
4. OTHER FEE(S) Fees Paid (\$)												
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00												
SUBMITTED BY Signature	1/1/1		Registration No. (Attorney/Agent)	42,709	Telephone	(202) 344	1-4000					
Name (Print/Type) Jeff A	<i>r∕ 6∕1 ∤ 2</i> Kaminski		V		Date S	September	8, 2006					